Drug Abuse—Just What The Doctor Ordered

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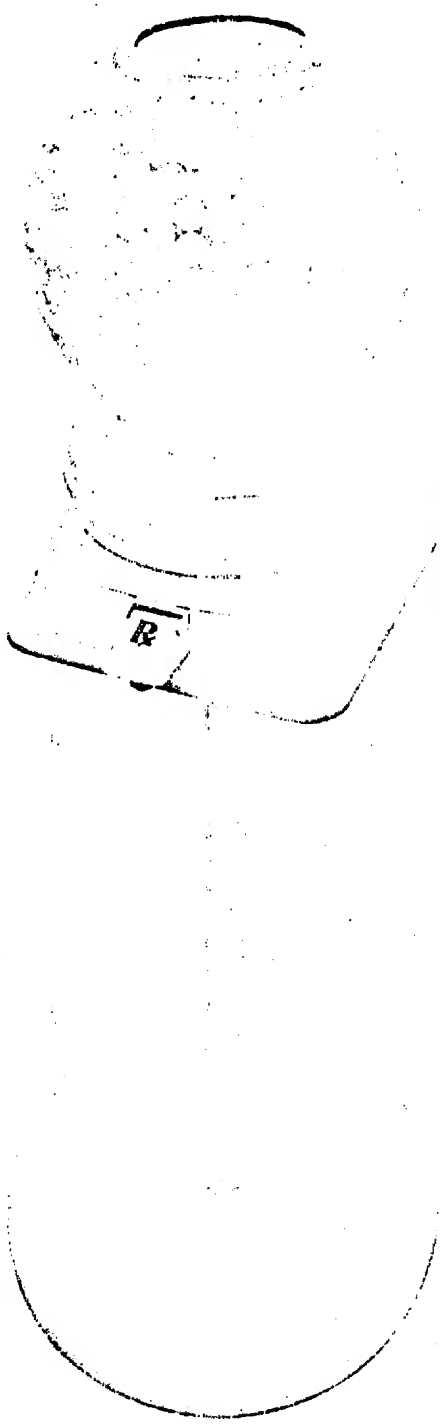

The continuing and justified alarm over illegal drug use by the young has obscured an underlying problem that is larger and even more threatening to society. It is an epidemic of *legal* drug abuse that is just what the doctor ordered.

Depression, social inadequacy, anxiety, apathy, marital discord, children's misbehavior, and other psychological and social problems of living are now being redefined as medical problems, to be solved by physicians with prescription pads. Psychiatrists as well as physicians of every other specialty now prescribe a wide variety of mood-altering drugs for patients with emotional, motivational and learning problems, and even the mildest psychological discomforts.

Model. Physicians who overuse psychoactive drugs are wedded to an obsolete medical model of human behavior—the concept that psychological problems have medical causes. This viewpoint widens the physician's jurisdiction by classifying more and more persons as potential medical patients, and it allows an earnest medical healer to respond to all who seek his help.

The image of the physician as expert and benign begins to evaporate when we see physicians pushing psychoactive pills whose consequences are not fully understood into patients whose problems require human, not chemical, solutions.

Ads. Doctors are strongly encouraged in their pill-for-every-problem syndrome by drug manufacturers who bombard them with advertisements in psychiatric and medical journals:

"WHAT MAKES A WOMAN CRY? *A man? Another woman? Three kids? No kids at all? Wrinkles? You name it . . . If she is depressed, consider Pertofane.*"

And:

"SCHOOL, THE DARK, SEPARATION, DENTAL VISITS, MONSTERS. THE EVERYDAY ANXIETY OF CHILDREN SOMETIMES GETS OUT OF HAND. *A child can usually deal with his anxieties. But sometimes the anxieties overpower the child. Then*

he needs your help. Your help may include Vistaril."

And this advertisement, which shows an attractive but worried-looking young woman with an armful of books, and describes the problems that face a new college student:

"Exposure to new friends and other influences may force her to re-evaluate herself and her goals . . . Her newly stimulated intellectual curiosity may make her more sensitive to and apprehensive about national and world conditions." The headline reads: "TO HELP FREE HER OF EXCESSIVE ANXIETY . . . LIBRIUM."

Such advertisements redefine normal problems of living as medical problems to be solved by drugs. Most small children, of course, are at some time afraid of the dark or anxious about school. A person may become depressed after personal loss, upon facing a new job, having to adjust to new conditions, or upon experiencing impotence in the face of increasing social turmoil. But the advocacy of drugs for such problems is socially irresponsible.

Pitch. Drug companies depend on this country's 180,000 physicians to sell their prescription drugs. The doctors must be reminded, cajoled, pampered. The drug industry spends over three-quarters of a billion dollars each year on advertising directed solely to physicians—over $4,200 per physician per year.

The drug companies hold that their advertising is beneficial because it helps doctors learn about new drugs and new uses for old drugs. But many of the drug advertisements are grossly irresponsible, especially those that push psychoactive drugs—sedatives, sleeping pills, tranquilizers, energizers and mood-elevators. They are irresponsible because they make broad, unsupportable claims of benefit and applicability. They are irresponsible because they expand drug usage into areas that call for human coping, not escape via drugs. They are irresponsible because they cajole the physician toward the notion of better psychological living through chemistry.

Last year there were more prescriptions written for psychoactive drugs than there were persons in the country—and this does not include prescriptions in hospitals and clinics.

Role. It is clearly in the financial interest of the drug industry to maintain large numbers of persons on drugs just as it is in the interest of the medical profession to define more and more human problems as medical. It is especially important for the drug industry to recruit new groups to drug use and to find new uses for its products. Flattered and seduced with bountiful free samples from the pharmacological industry, the physician increasingly assumes, with legal sanction, a role analogous to that of the pusher.

Many young people turn to dangerous illegal drugs to relieve unpleasant psychological states and to escape from personal conflicts and problems. When the young seek these goals with drugs bought from a street pusher we are greatly distressed. It is ironic that the same purposes are accepted as valid and desirable when such drugs are prescribed by physicians.

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Stay. Because psychoactive drugs tend to produce a psychological dependence, people often continue to use a drug after it has served its immediate purpose because they are uneasy about giving it up and relying on their own resources. A club leader may take prescribed tranquilizers because the thought of giving a speech without them makes her anxious. A truck driver who has combated fatigue with prescribed amphetamines may come to expect himself to be tired when he drives without them.

Women use psychoactive drugs twice as often as men do. Many seek prescriptions for these drugs because they are lonely, anxious, dissatisfied or unhappy; because they are not as popular, thin, vigorous, interesting or beautiful as they have been led to believe they should be.

Among the most widely prescribed psychoactive drugs are the tranquilizers. These chemicals originally were developed for chronically disturbed psychotic patients. But every year they are used more and more in the normal life-sphere for personal and social problems that physicians and the drug industry have converted into medical problems. When someone dies, for example, it is not uncommon for a physician to prescribe tranquilizers for the next of kin. The drugged family is then denied the opportunity to resolve a vital human experience.

Quiet. Nursing homes often use tranquilizers excessively to quiet elderly patients. Nelson H. Cruikshank, president of the National Council of Senior Citizens, has asked Congress to investigate this forced pacification program. Many doctors, says Cruikshank, "give blanket instructions to nursing-home staffs for use of tranquilizer drugs on patients who do not need them. Exclusive use of tranquilizers can quickly reduce an ambulatory patient to a zombie, confining the patient to a chair or bed, causing the patient's muscles to atrophy from inaction, and causing general health to deteriorate quickly."

One ad that appeared in medical journals shows a smiling, elderly woman sitting in a wheelchair, playing cards with other old persons. "SHE IS GOING STEADY WITH HER PHENOTHIAZINE TRANQUILIZER," says the headline. The ad obviously implies that phenothiazine will promote sociability. But research, ignored by this ad, shows that one of the undesirable side effects of these drugs is that they *reduce* one's desire and ability to interact with other people.

Calm. It is obviously very profitable to a drug company to hold exclusive rights to the only drug on the market for a certain disorder. Sales of the drug will increase if there is an epidemic of that disorder, or if the disorder comes to be defined so vaguely that more and more human problems can be seen as symptoms of it. There are drugs for "simple

nervous tension," "worry," "anxiety," "lack of energy"—maladies that are defined so broadly that everyone can recognize some of the symptoms in himself at times.

Ritalin and other drugs that normally function as stimulants (Dexedrine, Tofranil) have been found to have a paradoxical effect on certain children who suffer from the childhood disorder called minimal brain dysfunction. Such children are described as overactive, destructive, hostile and unmanageable. With daily doses of stimulant drugs they allegedly calm down, become more sociable, and increase their attention span. Unfortunately, the symptoms of minimal brain dysfunction are so vague they border on the normal hyperactivity of children. An alarming number of children have been given these drugs without the neurological and psychological examinations that are necessary for a diagnosis of minimal brain dysfunction. Exuberant children may have Ritalin prescribed primarily because parents want to quiet them down, or because teachers report that they are fidgety and inattentive in the classroom. In Omaha, Nebraska school officials recently discovered that between five and 10 per cent of the grade-school children in that city were being given medically prescribed amphetamines to modify their classroom hyperactivity or inattention.

Caution. The Food and Drug Administration has warned that these drugs are physiologically addictive and must be used with extreme caution. Despite this, their use under medical auspices expands alarmingly. About 250,000 children now take Ritalin daily: CIBA Pharmaceutical Company reportedly sold 10 million dollars' worth last year.

Dr. Leon Wanerman of the Mount Zion Hospital and Medical Center in San Francisco asserts that "the decision to place a child on medication is too often made without careful study . . . But if you put a child of seven on drugs for a protracted period of time, what are you telling a child about drugs and how they make you feel better?" Dr. Ernest Dernburg, also of Mount Zion, feels that such practices imply to the child "that he doesn't have the capability to get people to like him without an outside agent. And you can't arbitrarily assume that as an adolescent he will give up this pattern." Such a drug program, Dernburg believes, "would ultimately prevent the child from developing his own abilities to deal with his feelings."

Addicts. Physicians after decades of considering the heroin addict untreatable are now advocating treatment of this addiction by another drug, methadone, which is equally addictive. The advantages claimed for methadone are that it does not disrupt normal functioning as much as heroin, that it can be prescribed legally, and that it will reduce crime. But this treatment is a questionable exchange for the disorder—withdrawal from methadone is as severe as withdrawal from heroin and there is a questionable assumption that the antisocial behavior pattern of a heroin user will vanish once he is addicted to a legal narcotic.

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The advocacy of methadone therapy for heroin addiction gives us a vivid *déjà vu* experience: heroin itself was originally introduced by physicians as a cure for opium addiction. Similarly, cocaine was introduced to the European medical community as a cure for opium addiction (and for other things, including depression, digestive disorders, typhoid fever and alcoholism) in an essay by the then-young Viennese physician, Sigmund Freud.

Opium itself was once recommended in a medical journal as a sound treatment for alcoholism. In a *Cincinnati Lancet Clinic* article in 1889, Dr. J. R. Black presented his thesis in terms remarkably similar to those now used to promote methadone:

"Opium is less inimical to a healthy life than alcohol. It calms in place of exciting the baser passions, and hence is less productive of acts of violence and

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crime; in short the use of morphine in place of alcohol is but a choice of evils.

"On the score of economy the morphine habit is by far the better . . . on the score of decency of behavior instead of perverse deviltry, of bland courtesy instead of vicious combativeness, on the score of a lessened propagation of pathologically inclined blood, I would urge morphine instead of alcohol for all to whom such a craving is an incurable propensity."

Purpose. An ominous trend is the increasing development and use of drugs to counteract undesirable effects of other drugs. For example, amphetamines are used for weight reduction and when side-effects occur—shakiness and sleeplessness—they are treated with barbiturates.

The pharmaceutical industry encourages this trend, as in the following ad: "WHEN A TRANQUILIZED PATIENT GETS DRUG-INDUCED PARKINSONISM DON'T STOP TRANQUILIZERS, JUST ADD AKINETON." But Akineton has its own potential side-effects—euphoria and disorientation among others—and the physician may have to treat these with more drugs.

The effects of psychoactive drugs are multiple and complex. Some psychological effects are evident at once; others build up so gradually that they are difficult to detect. Some effects are specific, others are enormously diffuse. I strongly disagree with recent contentions that the Food and Drug Administration should lower its standards for approving new drugs ["They're Safety-Happy in the FDA and We're in Trouble" by Paul H. Blachly, *P.T.*, May]. Much is unknown about the effects of psychoactive drugs that already are on the market; much more must be learned about new drugs before they are made available to physicians and the public, even though this means delay in their introduction and use. It cannot soon be forgotten that despite warnings from some of their colleagues, hundreds of physicians in Germany and England continued to prescribe the drug thalidomide to pregnant mothers. It is incredible that it required more than 5,000 terribly deformed babies finally to halt this medical practice.

Politics. The future promises even more widespread legal drug abuse. Henry Brill, former president of the American College of Neuropsychopharmacology, advocated the use of drugs to control "pathological aggression," thereby reducing "crime in the streets." Given such conceptualization and the medical model for human behavior it is not hard to envisage a day when errant citizens will be required to take daily doses of drugs to control whatever behavior the current government considers undesirable.

The Office of Health Economics in London extrapolated medical trends in their report, *Medicines in the 1990s—A Technological Forecast.* Their grim prediction was that "it is likely that by 1990 nearly every individual will be taking psychotropic medicines either continuously or at intervals."

It is time for an immediate examination of the legal drug culture, of the role that psychoactive drugs play in human life.

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We must combat the medical-psychiatric model of human behavior that seeks a drug for every psychological discomfort and under which a person who is not continuously calm, anxiety-free, happy and content is defined as a medical patient.

We must question a medical approach in which psychoactive drugs are used as an easy solution, a cover-up, a simple, acceptable way to avoid dealing with personal and interpersonal problems. Such "treatment" is counterproductive: it tends to be-

ing, it does not solve the underlying problems, it keeps the person from learning how to cope with his world, it often reduces a person's willingness to interact with others, and it may actually impair the body's self-regulating psychological functions. In addition, it lulls the medical and psychiatric professions into false security by suggesting that there is no urgent need for further research, no need for the development of more humanistic approaches.

Prestol One of the most disturbing effects of psychoactive drugs is that they convince the drug user and those around him that psychological problems have chemical solutions—that relief is just a swallow away, that better psychological living can be achieved through chemistry, rather than by coping. The attitude that prompts one to seek psychological quick-change in a doctor's office can also lead one to a pusher on the street corner. That the medically prescribed drugs are standardized and chemically purer begs the question.

The drug-abuse problem is compounded by the pharmaceutical companies that seek new drug markets and bigger sales, that exhort everyone to feel better fast, and that persuade physicians and the public that unpleasant human emotions are abnormal and should be suppressed with drugs.

The drug-abuse problem is further intensified by those physicians who see themselves as universal healers, who take the easy route by prescribing psychoactive drugs without considering more relevant nonmedical approaches. Appealingly simplistic solutions to personal distress are the hallmark of the unprincipled politician, the intolerant social reformer, the medical quack. From a responsible professional the public must demand concern for potential dangers and services confined to areas of competence.

The welfare of society is too precious to be entrusted solely to the hands of physicians. We may have been basing our trust on a myth of medical competence. Perhaps what may be needed in local communities is a citizen review board for medical practice.